

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Baxter Healthcare Political Action Committee

ADDRESS (number and street)

1501 K Street, NW

Suite 375

☐ Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00117838

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☒ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
01 01 2014

through

M M M / D D D / Y Y Y Y Y Y  
01 31 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Sarah Creviston

Signature of Treasurer

Sarah Creviston

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
02 18 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Baxter Healthcare Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 01 / 01 / 2014 To: M M / D D / Y Y Y Y Y Y 01 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 2014		79859.96
(b) Cash on Hand at Beginning of Reporting Period.....	79859.96	
(c) Total Receipts (from Line 19) .....	18022.95	18022.95
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	97882.91	97882.91
7. Total Disbursements (from Line 31) .....	10000.00	10000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	87882.91	87882.91
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**Baxter Healthcare Political Action Committee**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	4

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4413.50	4413.50
(ii) Unitemized .....	13609.45	13609.45
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	18022.95	18022.95
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	18022.95	18022.95
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	18022.95	18022.95
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	18022.95	18022.95

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	10000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	10000.00	10000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10000.00	10000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	18022.95	18022.95
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	18022.95	18022.95
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 14

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael J. Baughman**

Mailing Address 5343 N Lakewood Ave

City State Zip Code  
 Chicago IL 60640-2208

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Finance - Med Products

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 31 / 2014

**Transaction ID : 20140211145425-51**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Susan K. Brown**

Mailing Address 917 Geneva St

City State Zip Code  
 Glendale CA 91207-1707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Mfg - Plasma

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.75

Date of Receipt

01 / 31 / 2014

**Transaction ID : 20140211145425-15**

Amount of Each Receipt this Period

77.25

Full Name (Last, First, Middle Initial)

**C. Sebastian J. Bufalino**

Mailing Address 1091 Pine Meadow Ct

City State Zip Code  
 Vernon Hills IL 60061-2572

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

CVP, Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.93

Date of Receipt

01 / 31 / 2014

**Transaction ID : 20140211145425-221**

Amount of Each Receipt this Period

67.31

**SUBTOTAL** of Receipts This Page (optional)..... ►

244.56

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Sarah L. Creviston**

Mailing Address 23 Wynstone Way

City

North Barrington

State

IL

Zip Code

60010-6950

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.17

Date of Receipt

01 / 17 / 2014

**Transaction ID : 20140211145126-172**

Amount of Each Receipt this Period

116.39

Full Name (Last, First, Middle Initial)

**B. Sarah L. Creviston**

Mailing Address 23 Wynstone Way

City

North Barrington

State

IL

Zip Code

60010-6950

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.17

Date of Receipt

01 / 31 / 2014

**Transaction ID : 20140211145425-173**

Amount of Each Receipt this Period

116.39

Full Name (Last, First, Middle Initial)

**C. Robert M. Davis**

Mailing Address 21515 W Hummingbird Ct

City

Kildeer

State

IL

Zip Code

60047-7213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

CVP, President - Med Products

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

649.05

Date of Receipt

01 / 03 / 2014

**Transaction ID : 2014010913448-57**

Amount of Each Receipt this Period

216.35

**SUBTOTAL** of Receipts This Page (optional)..... ►

449.13

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Robert M. Davis**

Mailing Address 21515 W Hummingbird Ct

City State Zip Code  
 Kildeer IL 60047-7213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

CVP, President - Med Products

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

649.05

Date of Receipt

01 / 17 / 2014

**Transaction ID : 20140211145126-55**

Amount of Each Receipt this Period

216.35

Full Name (Last, First, Middle Initial)

**B. Robert M. Davis**

Mailing Address 21515 W Hummingbird Ct

City State Zip Code  
 Kildeer IL 60047-7213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

CVP, President - Med Products

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

649.05

Date of Receipt

01 / 31 / 2014

**Transaction ID : 20140211145425-55**

Amount of Each Receipt this Period

216.35

Full Name (Last, First, Middle Initial)

**c. Valery E. Gallagher**

Mailing Address 14334 Spring Meadow Ct

City State Zip Code  
 Libertyville IL 60048-2490

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, State Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.10

Date of Receipt

01 / 31 / 2014

**Transaction ID : 20140211145425-79**

Amount of Each Receipt this Period

84.70

**SUBTOTAL** of Receipts This Page (optional)..... ►

517.40

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Irene P. Jakimcius**

Mailing Address 2208 Wesley Ave

City

Evanston

State

IL

Zip Code

60201-2648

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Assoc General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274.17

Date of Receipt

01 / 31 / 2014

Transaction ID : 20140211145425-211

Amount of Each Receipt this Period

91.39

Full Name (Last, First, Middle Initial)

**B. Timothy P. Lawrence**

Mailing Address 1175 Museum Blvd  
Unit 210

City

Vernon Hills

State

IL

Zip Code

60061-3156

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Mfg & SC - Med Products

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.74

Date of Receipt

01 / 31 / 2014

Transaction ID : 20140211145425-169

Amount of Each Receipt this Period

76.58

Full Name (Last, First, Middle Initial)

**C. Jeanne K. Mason**

Mailing Address 1760 Duffy Ln

City

Bannockburn

State

IL

Zip Code

60015-1512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

CVP, Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.38

Date of Receipt

01 / 17 / 2014

Transaction ID : 20140211145126-212

Amount of Each Receipt this Period

198.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

366.43

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jeanne K. Mason**

Mailing Address 1760 Duffy Ln

City

Bannockburn

State

IL

Zip Code

60015-1512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

CVP, Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.38

Date of Receipt

01 / 31 / 2014

**Transaction ID : 20140211145425-213**

Amount of Each Receipt this Period

198.46

Full Name (Last, First, Middle Initial)

**B. Robert L. Parkinson**

Mailing Address 1332 Edgewood Ln

City

Northbrook

State

IL

Zip Code

60062-4716

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Chairman, President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1771.14

Date of Receipt

01 / 03 / 2014

**Transaction ID : 2014010913448-223**

Amount of Each Receipt this Period

590.38

Full Name (Last, First, Middle Initial)

**C. Robert L. Parkinson**

Mailing Address 1332 Edgewood Ln

City

Northbrook

State

IL

Zip Code

60062-4716

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Chairman, President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1771.14

Date of Receipt

01 / 17 / 2014

**Transaction ID : 20140211145126-219**

Amount of Each Receipt this Period

590.38

**SUBTOTAL** of Receipts This Page (optional)..... ►

1379.22

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Robert L. Parkinson**

Mailing Address 1332 Edgewood Ln

City

Northbrook

State

IL

Zip Code

60062-4716

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Chairman, President & CEO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1771.14

Date of Receipt

01 / 31 / 2014

**Transaction ID : 20140211145425-220**

Amount of Each Receipt this Period

590.38

Full Name (Last, First, Middle Initial)

**B. Linda J. Peters**

Mailing Address 14866 Sanctuary Ln

City

Libertyville

State

IL

Zip Code

60048-9611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, RA - Med Products

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 31 / 2014

**Transaction ID : 20140211145425-24**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**c. Carla D. Pittman**

Mailing Address 3933 Kenway Ave

City

Los Angeles

State

CA

Zip Code

90008-4805

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Counsel

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

216.36

Date of Receipt

01 / 31 / 2014

**Transaction ID : 20140211145425-158**

Amount of Each Receipt this Period

72.12

**SUBTOTAL** of Receipts This Page (optional)..... ►

762.50

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Roibin Ryan**

Mailing Address 1419 W Berteau Ave

City  
Chicago

State  
IL

Zip Code  
60613-1914

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Deputy Gen Counsel, Lit & Empl

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.86

Date of Receipt

01 / 17 / 2014

**Transaction ID : 20140211145126-211**

Amount of Each Receipt this Period

108.62

Full Name (Last, First, Middle Initial)

**B. Roibin Ryan**

Mailing Address 1419 W Berteau Ave

City  
Chicago

State  
IL

Zip Code  
60613-1914

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Deputy Gen Counsel, Lit & Empl

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.86

Date of Receipt

01 / 31 / 2014

**Transaction ID : 20140211145425-212**

Amount of Each Receipt this Period

108.62

Full Name (Last, First, Middle Initial)

**c. David P. Scharf**

Mailing Address 931 Oak St

City  
Winnetka

State  
IL

Zip Code  
60093-2440

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

CVP, General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.24

Date of Receipt

01 / 17 / 2014

**Transaction ID : 20140211145126-208**

Amount of Each Receipt this Period

123.08

**SUBTOTAL** of Receipts This Page (optional)..... ►

340.32

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 14  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. David P. Scharf**

Mailing Address 931 Oak St

City  
Winnetka

State  
IL

Zip Code  
60093-2440

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

CVP, General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.24

Date of Receipt

01 / 31 / 2014

**Transaction ID : 20140211145425-209**

Amount of Each Receipt this Period

123.08

Full Name (Last, First, Middle Initial)

**B. Onelia Ann Vera**

Mailing Address 619 Oleander Dr

City

Hallandale Beach

State

FL

Zip Code

33009-6531

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Assoc General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.29

Date of Receipt

01 / 17 / 2014

**Transaction ID : 20140211145126-170**

Amount of Each Receipt this Period

115.43

Full Name (Last, First, Middle Initial)

**c. Onelia Ann Vera**

Mailing Address 619 Oleander Dr

City

Hallandale Beach

State

FL

Zip Code

33009-6531

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Assoc General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.29

Date of Receipt

01 / 31 / 2014

**Transaction ID : 20140211145425-171**

Amount of Each Receipt this Period

115.43

**SUBTOTAL** of Receipts This Page (optional)..... ►

353.94

**TOTAL** This Period (last page this line number only)..... ►

4413.50

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Democratic Congressional Campaign Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		30		2014

Mailing Address 430 South Capitol Street, SE  
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2014 Contribution

011

**Transaction ID : 94BAC269179024ADBAE**

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

**Democratic Congressional Campaign Committee**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Contribution

Full Name (Last, First, Middle Initial)

**B. National Republican Senatorial Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		30		2014

Mailing Address 425 Second Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
2014 Contribution

011

**Transaction ID : A6FCE9712FD4B30543E**

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

**National Republican Senatorial Committee**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Contribution

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00

10000.00